Service Needs Assessment for Children, Youth, and Families in the Chinese Communities in the GTA

Study Report

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Executive Summary

The present study examined the family service needs of Chinese and Hong Kong ethnic communities in the Greater Toronto Area, considering the recent influx of Hong Kong residents relocating to Canada. Conducted between late-2024 and early-2025, the research employed a two-part mixed-method approach, combining data from quantitative surveys and qualitative focus group interviews. The primary aim was to identify unmet service needs among Chinese families in the community, as well as to explore the sources of parental stress and barriers that prevent them from accessing appropriate support.

The research team from Markham Wesley Centre collected responses from 335 parents and expectant parents through convenient sampling and conducted preliminary interviews and focus groups with 18 parents. The findings offer a comprehensive understanding of this cohort's demographic characteristics, parental stress level, challenges and strengths, and service gaps given their current social support networks. The study provides practical recommendations for service providers and policymakers to guide the development of relevant, accessible, and culturally responsive services and supports.

Key Findings and Recommendations

1. Limited Support Networks and Unmet Parenting Needs: Many respondents reported having minimal support systems, with significant needs for assistance in childcaring. Their children also encountered difficulties in social inclusion. Existing childcare and support services were often viewed as insufficient or inaccessible.
2. Demographic Factors Impacting Parental Stress and Service Needs: Parental stress levels and perceived support needs varied based on demographic factors such as age (18-30), shorter length of residency in Canada (< 5 years), family composition (> 1 children), gender (being female), and immigration status (transitional). Services and programs that are more accessible and tailored to these characteristics would better equip those families to overcome their challenges.

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Introduction

The study is a part of the Markham Wesley Children, Youth, and Family Hub's (CYF Hub) initiative to develop programs for the underserved Cantonese and Mandarin communities in the Greater Toronto Area (GTA).

It was initiated due to observations of a lack of family services for the Chinese/Hong Kong ethnic groups in the area, particularly with numerous families emigrating from Hong Kong via the new Hong Kong Permanent Residence Pathways which was created by the Canadian government in February 2021. By the end of 2024, over 26,500 applications have been received and about 10,500 of them have been approved (Grundy, 2025). Despite the surge of new immigrants in the GTA, only limited studies have been found to examine the need of these newcomers (e.g. Yan et al., 2023a & Yan et al., 2023b). In addition, there is a lack of study at community level that focuses on the general needs of and gaps in social services for Chinese families with children. As a result, there is a pressing need to understand the needs of those families to inform service agencies in order to better serve the families.

The primary goal of the study is to identify unmet service needs in the targeted communities and answer the following research questions: 1) What are the general needs of these families? 2) What are the gaps between existing social and daycare services in the community? And 3) What are the barriers preventing families from seeking help from different sectors?

The study is expected to recommend strategies to address potential issues and bring significant benefits to the Markham Wesley Centre (MWC) and its current and potential service users articulating barriers experienced by these communities to access services. It is believed that the results will inform the Centre's future services in terms of breadth, quality, and accessibility. Finally, the study may raise public awareness of the diverse needs of Chinese families.

Methodology

Procedure

The study is divided into two parts. Firstly, a tailor-made need assessment questionnaire was developed and distributed in the community in order to assess the service needs of the target communities. There were 335 valid responses collected, which is far more than our target of 130 family units. The questionnaire aims to assess their family needs, parental stress, service accessibility and availability of support networks.

Participants were also invited to join focus groups to provide in-depth information about the difficulties they encountered. To inform the development of the focus group questions, key informant interviews were set up prior to the focus group. It was aimed to narrow down the scope of the focus group interviews by setting up a list of targeted questions to be asked. Their responses helped identify the scope and direction of the focus group questions. These questions addressed participants' expectations of services and service gaps, the resources they had received, sources of stress, and their existing support networks. Children's needs, parental challenges, and barriers/accessibility issues were also covered in the focus group interviews. The focus group questions can be found in Appendix I).

Following the key informant interviews, four focus group interviews were conducted. Invitations to participate in the focus groups were sent to individuals who expressed interest through the questionnaire. Recruitment posters were also shared on MWC's social media accounts and displayed within the Centre. Additionally, invitation letters were distributed to our community partners for dissemination to potential participants. Consistent with the survey, the focus groups included questions about family needs, parental stress, and barriers to accessing social services.

For the survey, participants were recruited using convenient sampling by the snowball method, where the first batch of participants will be asked to refer others in their network to participate. Participants in the sample included existing volunteers from Markham Wesley Centre, clients, community partners and their clients, church groups, and social media groups.

Subjects were recruited from the Chinese communities (Cantonese speaking, Mandarin speaking and English speaking). Individuals without children were excluded from the study.

Participants

Participants for key informant interviews and focus group included the first,1.5- and second-generation Canadian Chinese individuals. In total, 18 parents were interviewed. Survey data collection was conducted in January 2025 using a convenient sampling approach. The questionnaire was administered online via the SurveyMonkey platform. A total of 422 responses were initially collected. Among these, 41 entries were removed due to duplicated IP addresses. An additional 13 responses were excluded due to missing key demographic information. Three responses were removed due to the selection of all identity options, which suggested possible response bias. After these data cleaning procedures, the final sample consisted of 335 respondents (see Figure 1).

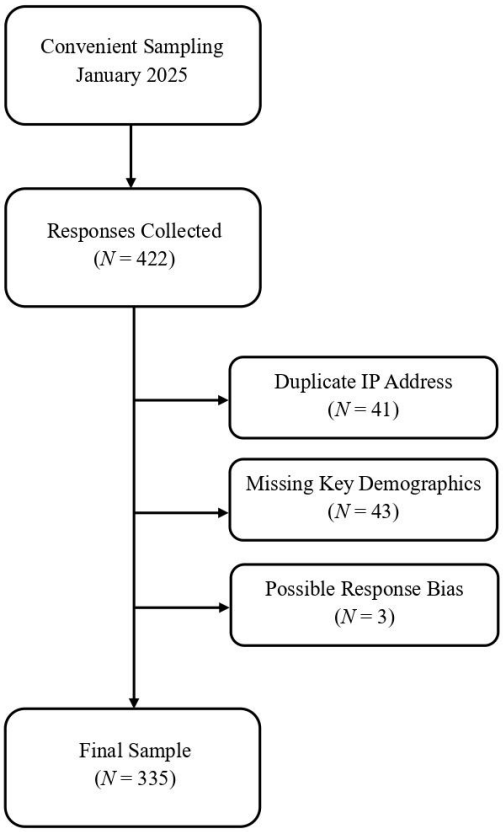

Figure 1. CONSORT Diagram of the Study Sample with Final Sample (n = 335)

Instruments

Family Needs. A shortened version of the Chinese-translated Family Needs Questionnaire (Cheung et al., 2014) was used to evaluate family needs. It was originally developed to evaluate the unmet needs of parents of autistic preschoolers. The scale was adapted to better fit the targeted population in this study. A total of 19 items from the 54 items were selected and modified. The item consisted of two parts. In the first part, respondents rated each item on a 4-point Likert scale, ranging from "Least important" to "Most important". In the second part, respondents assessed each item based on the level of unmet need. For the ease of analysis, items rated as "Important" or "Very important" were considered as important needs, while items rated as "Partly unmet" or "Unmet" were considered as unmet needs.

Parental Stress**.** Parental stress was assessed using the Chinese version of the Parental Stress Scale (PSS; Berry & Jones, 1995), as adapted by Cheung (2000). The PSS is a widely used self-report instrument comprising 18 items that capture both the positive and negative dimensions of parenthood. The Chinese-translated version (Cheung, 2000) was selected to ensure linguistic appropriateness and cultural relevance for the targeted population. In this version, respondents rated each item on a 6-point Likert scale ranging from "strongly disagree" to "strongly agree." Item 2 ("There is little or nothing I wouldn't do for my child(ren) if it was necessary") was excluded from analysis. This decision was guided by existing literature (Cheung, 2000; Leung & Tsang, 2010) and supported by a reliability analysis conducted during preliminary data analysis of the data collected in the current study, which showed improved internal consistency after the item removal (Cronbach's α increased from .79 to .81). The total score on the resulting 17-item version ranged from 17 to 102, with higher scores indicating greater levels of parental stress. The Chinese version demonstrated strong internal consistency (Cronbach's $\alpha = .89$) and adequate construct validity, supporting its use in the targeted population.

Accessibility**.** Service accessibility was evaluated by asking participants to indicate the extent to which they encountered various barriers when attempting to access services. The assessment included six subscales: General Barriers, Financial Barriers, Transportation Barriers, Language Barriers, Cultural Barriers, and Work–Life Balance Barriers. Participants responded to a series of items based on the age of each of their children, starting from the youngest if they have multiple children. They were asked to rate the level of difficulty they experienced when seeking services, using a scale ranging from "No problem" to "Very big problem," with a "Not applicable" option. Higher scores indicated greater levels of difficulty. It should be noted that this list was intended for exploratory analysis.

Statistical Analysis

Data cleaning was conducted by filtering out respondents that had duplicate IP addresses, systematic missing data, no reported children/expecting, and potential response bias (as described above and in Figure 1).

For the survey data, descriptive status was used to report the demographics of the sample, with means, standard deviations (SDs), or percentages to indicate the distributions. One-way ANOVA was used for group comparison analysis for parental stress. Levene's test was used to test the assumption of homogeneity of variance and Shapiro-Wilk test for normality of distributions. Multiple regression was conducted to investigate the predictors of high parental stress.

For the focus group data, qualitative methods were used. Qualitative research methods focus on exploring and understanding complex phenomena and human lived experiences through in-depth, descriptive analysis of non-numerical data like text, video, or audio (Chaumba, 2013). A total of four semi-structured focus groups, with a total of 18 parents, each lasting between 90 to 120 minutes, were conducted to allow for flexibility in exploring participants' experiences while ensuring that core topics were consistently addressed across groups.

Ethical Approval

All participants provided informed consent to participate in the study. They understood that the participation in the study was independent of their chance of receiving current/future service from the MWC. The data collection was via Survey Monkey platform. As a reward, a lucky draw was performed and each of the 20 participants randomly drawn from the participant list was provided with a $20 gift card. Once the data was downloaded from the server, the demographics and scale responses were delinked from their personal identifiable information such as their names, contacts and email addresses. The anonymous data was stored within a Firewall-protected server and was only accessible by the designated research team members. Once the data analysis is concluded, the data associated with the study will be in the custody of the MWC. The research protocol was aligned with the Declaration of Helsinki and has been approved by an independent research review board of the MWC. The data will be stored for 5 years after the study which will then be destroyed.

Results

Survey Study (Quantitative Data Analysis Results)

Part 1: Demographics

Age. As indicated in Figure 2, the majority of respondents in the final sample were between the ages of 31 and 40, accounting for 65.4% of all participants. This age group formed the core of the sample. Respondents aged 18 to 30 and those aged 41 to 50 both comprised 16.7% respectively. A smaller proportion of participants were in the 51 to 60 age group (0.9%), and only 0.3% were over the age of 60.

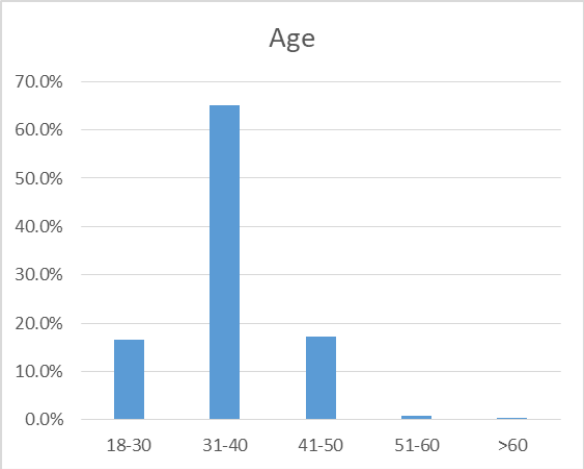

Figure 2. Age Distribution of Respondents

Location of Residence. More than two-thirds of the respondents (68.2%) reported residing in City of Toronto, making it the most common settlement location among our sample. Markham and North York followed, accounting for 10.2% and 9.3% of the sample respectively. Fewer respondents lived in Richmond Hill (2.8%), Newmarket (1.9%), Scarborough (1.9%) and Etobicoke (1.9%). Less than 2% of participants reported living in Vaughan (1.5%), Mississauga (0.9%), or Aurora (0.6%). The remaining 0.9% of respondents selected "Other" and specified alternative locations. The data indicate a strong concentration of Hong Kong-origin families to live within City of Toronto, with a more dispersed presence across a range of sub-urban centers.

Sex and Gender. In terms of sex assigned at birth, 63.3% of respondents identified as female, while 36.4% identified as male. A participant (0.3%) chose not to disclose this information. Regarding respondents' gender, roughly two-thirds of respondents identified as cisgender women (62.7%), followed by cisgender men at 35.8%. A smaller number of respondents identified as transgender women (0.9%), and no respondents identified themselves as transgender men (0%). Additionally, two respondents (0.6%) opted not to disclose their gender identity.

Marital Status. Almost all respondents (98.1%) reported being married or living with a common-law partner. Six of the respondents reported as divorced or separated.

Number of Children in the Household. Respondents were asked to report the number of children in their family, and their responses were grouped into three categories: no children, one child, or two or more children. It was of note that the "no children" group consisted of respondents expecting a newborn. They were included in the study in recognition of the anticipatory stress and transitional experiences associated with becoming a parent. Among the respondents, the majority (58.2%) reported having one child, followed by 36.1% participants

having two or more children. A smaller group (5.7%) fell into the group of expecting parents. These figures suggest that while single-child families were most common in the present sample, a substantial proportion of respondents were parenting multiple children.

Place of Origin. Over half of our respondents (57.0%) stated Hong Kong as their place of origin, followed by 26.0% from Mainland China and 17.0% from Canada. The predominance of Hong Kong-origin respondents reflects the study's targeted outreach to immigrant families from the region, while retaining some degrees of diversity within the broader ethnic Chinese communities. This mix of origins may reflect differing migration trajectories, including both recent arrivals and Canadian-born individuals with transnational family ties.

A comprehensive table listing the frequency of key demographic variables in our sample could also be referred to Table 1 below.

Variables		Frequencies	% of Total
Age Range			
	18 - 30	54	16.7%
	31 - 40	212	65.4%
	41 - 50	54	16.7%
	51 - 60	3	0.9%
	Older than 60	1	0.3%
Living Area			
	City of Toronto	221	68.2%
	Markham	33	10.2%
	North York	30	9.3%
	Richmond Hill	9	2.8%
	Etobicoke	6	1.9%
	Newmarket	6	1.9%
	Scarborough	6	1.9%
	Vaughan	5	1.5%
	Mississauga	3	0.9%
	Aurora	2	0.6%
	Others	3	0.9%
Sex			
	Male	118	36.4%
	Female	205	63.3%
	Prefer not to say	1	0.3%
Gender			
	Cis-man	116	35.8%
	Cis-woman	203	62.7%
	Trans-man	0	0%
	Trans-woman	3	0.9%
	Prefer not to say	2	0.6%
Marital Status			
	Married	311	96.0%
	Common law partner	7	2.2%
	Divorced	4	1.2%
	Separated	2	0.6%

Place of Origin			
	Hong Kong	184	57.0%
	Mainland China	84	26.0%
	Canada	55	17.0%
Length of Residency in Canada			
	Less than 5 years	90	27.9%
	5 – 10 years	97	29.9%
	More than 10 years	137	42.3%
Immigration Status			
	Canadian by naturalization	128	39.6%
	Permanent resident	110	34.1%
	Open work permit	46	14.2%
	Canadian by birth	34	10.5%
	Closed work permit	2	0.6%
	Open study permit	3	0.9%
Number of children			
	Expecting parents	19	5.7%
	1 child	195	58.2%
	> 1 child	121	36.1%

Table 1. Frequencies and Cumulative Percentage of Key Demographic Variables

Cultural and Ethical Identity. Participants were allowed to select multiple responses when identifying their ethnic identity, acknowledging the complex and layered nature of self-identification among immigrants. In our sample, the most frequently endorsed identities were "Chinese Canadian" (n = 110) and "Hong Kong Canadian" (n = 107), followed by "Hong Konger" (n = 88) and "Asian" (n = 77). A substantial number also identified as "Chinese" (n = 62), while smaller numbers selected "Hong Kong Chinese" (n = 19) or "Expatriate" (n = 14). These patterns suggest a range of various identity affiliations within the sample, where individuals had fluid and idiosyncratic ways to situate themselves within the context.

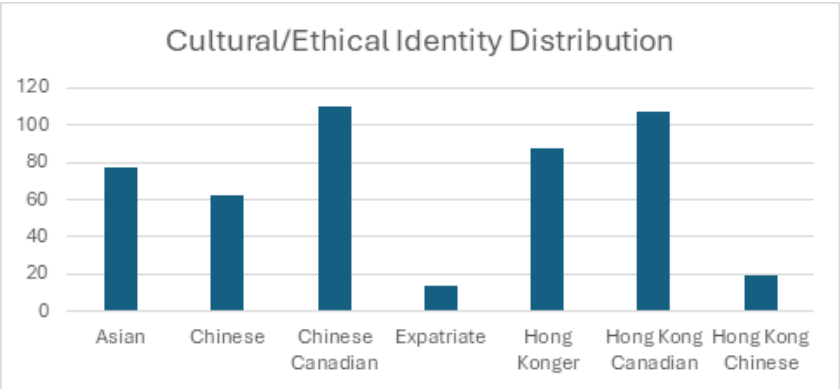

Figure 3. Distribution of Cultural/Ethical Identity within Respondents

Languages Spoken at Home. Respondents also reported a wide range of languages spoken in their households, with the majority indicating the use of more than one language. The most common combination was Cantonese and English, spoken by 43.8% of the participants, followed by Cantonese only (23.5%) and English only (12.3%). Other multilingual combinations included Cantonese, English, and Mandarin (7.4%), Mandarin and English (5.9%), and Mandarin only (2.5%). Less frequent responses included mixes involving French and other languages. Overall, these patterns reflect the linguistic diversity within the sample,

with a predominant presence of Cantonese and English, either alone or in combination with other languages.

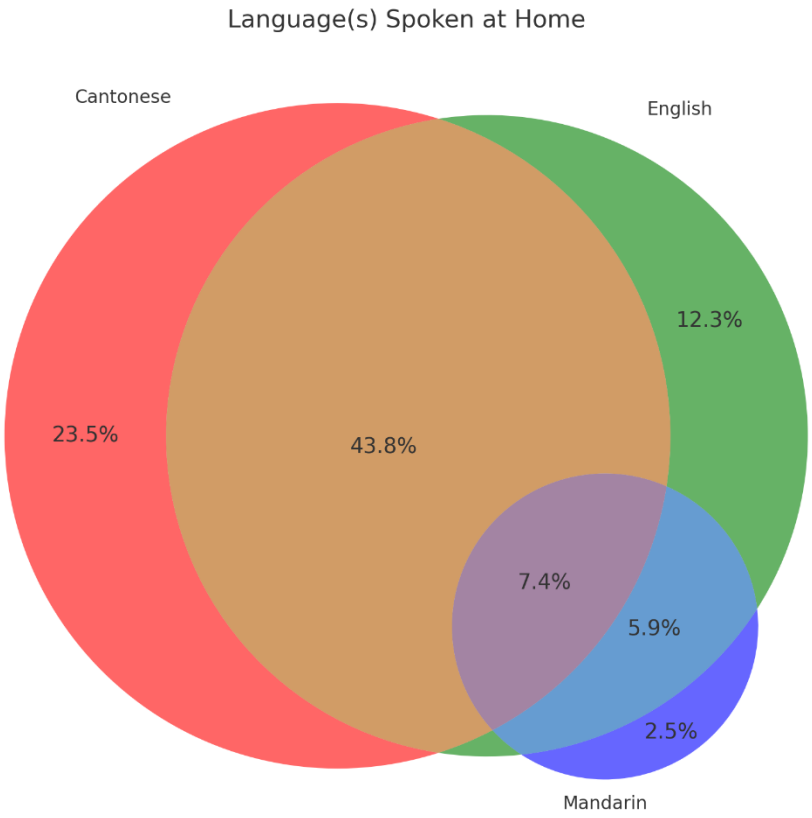

Figure 4. Venn Diagram Showing Languages Spoken at Home

Employment Status. Among respondents, 82% reported being employed full-time, while 8% were employed part-time. 3% of the respondents reported being unemployed with no active daytime engagement at the time of the survey. In terms of their partners' employment status, 78% were reported to be working full-time, with 12% working part-time, and 2% as unemployed. A detailed breakdown of additional employment categories, including self-employment, student status, and retirement, could be referred to Table 2.

Variables		Frequencies	% of Total
Employment Status of Respondents			
	Full-time employed	264	81.5%
	Part-time employed	28	8.6%
	Self-employed	15	4.6%
	At school	4	1.2%
	Retired	1	0.3%
	Unemployed	10	3.1%
	Others	2	0.6%
Employment Status of Partners			
	Full-time employed	254	78.4%
	Part-time employed	39	12.0%
	Self-employed	16	4.9%
	At school	3	0.9%

Retired	2	0.6%
Unemployed	7	2.2%
Not applicable	2	0.6%
Others	1	0.3%

Table 2. Employment Status of Respondents and Their Partners

Length of Residency in Canada. In terms of length of residency in Canada, 27.9% of respondents had lived in the country for fewer than five years. An additional 29.9% reported having resided in Canada for five to ten years, while the largest group of the remaining 42.3% respondents had been in Canada for more than ten years. A comparable pattern in the length of residence was observed among their partners: 24.8% had resided in Canada for less than five years, 25.9% for five to ten years, and 48.5% for over ten years. An additional 0.9% of responses indicated that the partner was not residing in Canada at the time of the survey. This distribution reflects a mix of recent arrivals and more established immigrants within the sample.

Immigration Status. In terms of immigration status, the largest proportion of respondents identified as Canadian citizens by naturalization (39.6%), followed closely by Permanent Residents (34.1%). A smaller proportion held an open work permit (14.2%), while 10.5% were Canadian citizens by birth. Less common statuses included having closed work permits (0.6%) and open study permits (0.9%). These figures indicate a diverse range of immigration statuses within the sample, with a substantial number having secured a long-term or even permanent residency in Canada.

Healthcare Access and Support Network. In terms of healthcare access and financial resources, most respondents (90.7%) reported having either a valid Ontario Health Insurance Plan (OHIP) or student insurance coverage. However, less than half respondents indicated having a family doctor themselves (44.6%) or for their children (43.7%), suggesting potential gaps in ongoing primary care access within the sample. A substantial proportion of respondents (80.2%) reported having access to a car in their family. In terms of childcare support, 33.0% of families reported that they had not received any form of childcare service, and around half (46.6%) had not received childcare subsidies, indicating that financial or logistical barriers to formal childcare services may exist for a significant portion of the sample.

Regarding social and familial support, a considerable proportion of respondents (79.1%) reported having family members residing in the same city. 62.7% of respondents also indicated receiving support from their extended family. Additionally, approximately 60.0% of participants reported receiving peer family support, which refers to the informal assistance or encouragement shared among families who are in similar life stages or parenting circumstances. These forms of support may play a compensatory role in the absence of formal resources or structured services, contributing to resilience for some respondents in a new cultural context.

Part 2a: Family Needs, Parental Stress, and Barriers to Service

Family Needs. Items were categorized into three categories, “Child needs” (items 1-3), “Family needs” (items 4-11) and “Parent needs” (items 12-19), based on the items content. In general, child needs tended to be rated as more important than family and parent needs. Parents reported that the most critical items included children’s social inclusion needs (Items 1, 2 and 3), parental decision agreement and sufficient rest. It is important to highlight that respite service needs (item 13, 14, 16) are rated as unmet by the respondents together with program information and access to professional support.

		% Rated important	% Rated unmet

C	1. I need for my child to have friends of his/her own.	**86.5%**	33.9%
C	2. I need to have my child to have social activities other than with his/her own parents and siblings.	**83.2%**	43.4%
C	3. I need weekend and after-school activities for my child.	**72.2%**	52.3%
F	4. I need information about special programs and services available to my child and my family.	44.3%	**67.9%**
F	5. I need to have help from other family members in taking care of my child.	65.1%	45.6%
F	6. I need to have a professional to turn to for advice or services when my child needs help.	63.9%	**60.9%**
F	7. I need for the professionals working with my child to understand the needs of my child and my family.	67.0%	57.2%
F	8. I need financial support (e.g. from government) in order to provide my child with his/her care.	64.5%	55.7%
F	9. I need to have the professionals working with my child to speak to me in terms I can understand.	67.6%	54.1%
F	10. I need services continuously rather than only in times of crisis.	63.6%	57.8%
F	11. I need to be shown what to do when my child is acting unusually or is displaying difficult behaviours.	68.2%	51.7%
P	12. I need to have my spouse and me agree on decisions regarding our child.	**78.3%**	44.3%
P	13. I need to have time to spend alone with my partner.	59.3%	**66.1%**
P	14. I need to spend time with my friends.	59.3%	**62.4%**
P	15. I need to be encouraged to ask for help.	48.6%	54.4%
P	16. I need to get a break from my responsibilities.	56.3%	**60.6%**
P	17. I need to get enough rest or sleep.	**70.9%**	53.8%
P	18. I need help in remaining hopeful about my child's future.	68.5%	54.1%
P	19. I need to have counseling for myself and my spouse/partner.	55.4%	50.8%

Table 3. The 19-item Family Needs Questionnaire. % Rated Important = Rated as important or very important. % Rated Unmet = Rated as partly met or unmet. Bolded percentages indicate items that ranked in the top five. Legend: *C = child need items; F = family need items; P = parent need items.*

A secondary analysis was conducted to evaluate if the needs of any of the subgroups such as times of settlement, place of origin, and gender, would be different than the general analysis. Keywords were extracted from each item to improve readability.

Times of settlement were regrouped into time in Canada less than 5 years, 5-10 years, and more than 10 years. The top five most important items were generally consistent with the overall findings. However, for parents who had lived in Canada for less than 10 years, help from other family members (item 5), was identified as important instead of sufficient rest (item 17). The unmet needs were largely similar across different time of settlement groups, which were focused on family and parent needs. All three time-range groups agreed that program information need and alone time with partner need were unmet.

		<5 years (n = 83)		5-10 years (n = 96)		>10 years (n = 137)	
		Important	Unmet	Important	Unmet	Important	Unmet

C	1. Child's peer friendships	84.3%		82.3%		92.0%	
C	2. Child's non-family	83.1%		85.4%		81.8%	
C	3. Child's weekend /social activities	72.3%		68.7%		75.2%	
F	4. Programs/ services information		73.5%		66.7%		66.4%
F	5. Help from other family members	72.3%		68.7%			
F	6. Access to professional support				56.3%		59.1%
P	7. Professionals understand family needs		75.9%				
P	10. Continuous (not crisis-only) services		71.1%		58.3%		
P	11. Guidance on difficult behaviors		71.1%				
P	12. Parental decision agreement	86.7%		71.9%		76.6%	
P	13. Alone time with partner		74.7%		68.8%		59.1%
P	14. Time with friends		79.5%				56.9%
P	16. Breaks from responsibilities				58.3%		59.1%
P	17. Sufficient rest/sleep					76.6%	

Table 4. Unmet family needs by times of settlement. Items 8, 9, 15, 18, and 19 were removed from this table for visual clarity. Legend: *C = child need items; F = family need items; P = parent need items.*

Next, we compared Canadian-born and Hong Kong–born parents in terms of their differences in family needs. This was based on two considerations. First, Canadian-born parents reported highest experiencing parental stress in the study. Second, currently MWC primarily serves families from Cantonese-speaking backgrounds, thereby supporting the inclusion of Hong Kong–born parents in this secondary analysis.

Result showed that parents born in Hong Kong did not significantly differ from the overall sample in their understanding of the importance of needs. However, Canadian-born parents identified children's social inclusion (Items 1, 2, and 3), professionals understanding of family needs, and financial support as the most important needs.

Regarding unmet needs, both Canadian-born and Hong Kong–born parents consistently identified program information, professionals' understanding of family needs, and alone time with a partner as three of the top five unmet needs. Additionally, Canadian-born parents reported breaks from responsibilities and support for future hope as unmet needs, while Hong Kong–born parents highlighted unmet needs related to continuous services and time with friends.

		Canadian-born parents (n = 54)		Hong Kong-born parents (n = 179)	
		Important	Unmet	Important	Unmet

C	1. Child's peer friendships	79.7%		86.6%	
C	2. Child's non-family	79.7%		81.0%	
C	3. Child's weekend/social activities	76.0%		69.2%	
F	4. Programs/ services information		64.8%		68.2%
P	7. Professionals understand family needs	79.7%	64.8%		62.6%
P	8. Financial support	75.9%			
P	10. Continuous (not crisis-only) services				63.1%
P	12. Parental decision agreement			77.7%	
P	13. Alone time with partner		64.9%		70.4%
P	14. Time with friends				68.1%
P	16. Breaks from responsibilities		61.2%		
P	17. Sufficient rest/sleep			67.6%	
P	18. Support for future hope		68.6%		

Table 5. Unmet family needs by place of origin.
Items 5, 6, 7, 9, 11, 15, and 19 were removed from this table. Legend: *C = child need items; F = family need items; P = parent need items.*

Next, we looked at the relationship between gender and family needs. Both cisgender men and women rated social inclusion (items 1, 2 and 3), and parental decision agreement as important. A key difference was that cisgender men emphasized sufficient rest, while cisgender women prioritized clear professional communication. The two groups reported similar unmet needs, including information about programs and services, access to professional support and respite service (item 13 and 14). However, cisgender men specifically reported a lack of clear professional communication as an unmet need, while cisgender women highlighted a lack of continuous services. Needs reported by transgender women were different from their cisgender counterparts, with only two overlapping important needs. Instead, they tended to share similar needs such as personal time, access to counseling services for self and partner. At the same time, they listed lack of encouragement to seek help as a unique unmet need. It is important to note that the sample size for transgender women was small (n = 3); therefore, the analysis, while valuable, should be interpreted with caution.

		Cis-man (n = 114)		Cis-Woman (n = 197)		Trans-woman (n = 3)	
		Important	Unmet	Important	Unmet	Important	Unmet
C	1. Child's peer friendships	84.2%		89.3%			
C	2. Child's non-family	84.2%		82.7%		100%	
C	3. Child's weekend/social activities	71.9%		73.6%			
F	4. Programs/ services information		64.9%		71.1%		
F	6. Access to professional support		61.4%		61.5%		
P	7. Professionals understand family needs					100%	

P	9. Clear/easy professional communication		62.3%	71.0%		100%	
P	10. Continuous (not crisis-only) services				62.4%		66.6%
P	12. Parental decision agreement	72.8%		81.2%			
P	13. Alone time with partner		65.8%		65.9%		66.7%
P	14. Time with friends		63.1%		61.9%	100%	
P	15. Encouragement to seek help					100%	66.6%
P	17. Sufficient rest/sleep	73.7%					
P	18. Support for future hope					100%	
P	19. Counseling for self and partner					100%	

Table 6. Unmet family needs by gender. For trans-women, more than 5 important needs were indicated. Items 5, 8, 11 and 16 were removed from this table. Legend: *C = child need items; F = family need items; P = parent need items.*

Part 2b: Parental Stress

The level of parental stress among respondents was assessed using the 17-item Chinese version of the PSS. Descriptive analysis indicated that the mean parental stress score in the present sample was 49.8 (SD =9.83), with a median score of 47. These values reflect a moderate level of parental stress across the sample. Notably, the current mean score is highly comparable to those reported in prior studies conducted in Hong Kong. Specifically, Cheung (2000) found a mean of 48.79 (SD = 11.56) among a sample of 137 parents of autistic children, while Leung and Tsang (2010) reported a mean of 48.71 among 162 parents of primary school-aged children. These comparable mean scores suggest that Chinese-speaking immigrant parents in Canada experience similar parental stress levels that are closely aligned with those observed in non-immigrant populations in Hong Kong.

Group Comparison Analyses of Parental Stress

Place of Origin. A one-way Welch's ANOVA, given Shapiro-Wilk: $p < .001$, was conducted to examine differences in parental stress scores by place of origin. The analysis revealed a statistically significant effect of place of origin on parental stress, F (2, 129) = 6.17, $p = .003$. Parents born in Canada reported the highest average parental stress (M = 54.0, SD = 10.1), compared to those from Hong Kong (M = 48.9, SD = 9.72) and Mainland China (M = 48.4, SD = 8.79). Post-hoc comparisons using the Tukey test showed that Canadian-born participants experienced significantly higher parental stress than those from Hong Kong (Mean difference = -5.04, $p < .01$) and Mainland China (Mean difference = -5.55, $p < .01$), while no significant difference was found between the Hong Kong and Mainland China groups. These findings suggest that place of origin may play a role in shaping parenting experiences.

Length of Residency. A one-way ANOVA was conducted to examine whether length of settling in Canada was associated with differences in parental stress. The results revealed a statistically significant group difference in parental stress scores, F (2, 184) = 16.2, $p < .001$. On average, respondents who had lived in Canada for less than five years reported the highest level of parental stress (M = 54.8), followed by those who had resided in the country for more than ten years (M = 48.7). Those who had lived in Canada for five to ten years reported the least parental

stress (M = 46.7). Assumption checks indicated a deviation from normality (Shapiro-Wilk $p < .001$), while Levene's test did not reach significance ($p = .052$), supporting the use of Welch's test for robustness. Tukey post-hoc comparisons confirmed that respondents in the <5 years group reported significantly higher parental stress than those in the 5–10 years group (Mean difference = 8.12, $p < .001$) and those in the >10 years group (Mean difference = 6.17, $p < .001$). No statistically significant difference was found between the 5–10 years and >10 years groups ($p = .252$). These results suggest that recent immigrants may face heightened parental stress, potentially reflecting adjustment challenges during the early years of settlement.

Predicting parental stress

A multiple linear regression analysis was conducted to examine how various demographic factors jointly predicted parental stress levels among other factors. Predictors included variables as listed in Table 7. The overall model was statistically significant, $F(17, 296) = 7.19$, $p < .001$, Adjusted $R^2 = .252$, meaning the model accounts for 25.2% of the variance in predicting parental stress.

For time of residency, respondents who had lived in Canada for fewer than 5 years (as reference group) reported a significantly higher parental stress than those who had been in the country for 5 to 10 years ($\beta = -.85$, $SE = 1.47$, $t = -5.66$, $p < .001$) or more than 10 years ($\beta = -.84$, $SE = 1.44$, $t = -5.69$, $p < .001$).

Family size was also another significant predictor. Respondents with two or more children reported higher levels of stress compared to those with only one child (as reference group) ($\beta = .28$, $SE = 1.08$, $t = 2.54$, $p = .01$). Although those without children (i.e. expectant parents) reported somewhat lower stress than the one-child group, this difference did not reach statistical significance ($p = .07$).

The age group of parents also showed a statistically significant positive association. Those aged 31 – 40 experienced lower parental stress than the youngest group of parents aged 18 – 30 years old ($\beta = -.35$, $SE = 1.42$, $t = -2.38$, $p = .018$), with an even less parental stress observed among those parents aged 51 – 60 ($\beta = -1.52$, $SE = 5.37$, $t = -2.75$, $p = .006$). The parents aged 41 – 50 years old and older than 60 years old, although presented with a trend of lower parental stress when compared to the youngest counterpart, the results did not reach statistical significance.

Other variables in the model, including sex and being born in Mainland China were not significantly associated with parental stress after adjusting for other predictors, *ps* >.05.

Interestingly, both immigration status and place of origin were linked to parental stress in distinctive ways. Compared to naturalized Canadian citizens (as reference group), respondents with an Open Study Permits experienced markedly higher stress ($\beta = 1.63$, $SE = 5.37$, $t = 3.00$, $p = .003$). Contrary to common beliefs, respondents with an Open Work Permit ($\beta = -.51$, $SE = 1.74$, $t = -2.87$, $p = .004$) and permanent residents ($\beta = -.37$, $SE = 1.26$, $t = -2.84$, $p = .005$) reported lower levels of parental stress as compared with Canadian by naturalization. The other two groups of Canadian by birth, and respondents holding a Closed Work Permit, when comparing with Canadian by naturalization, did not show statistically significant differences in terms of parental stress level. Additionally, respondents born in Canada (as reference group) reported a higher parental stress compared to those born in Hong Kong ($\beta = .41$, $SE = 1.92$, $t = 2.11$, $p = .036$).

A full summary of all regression coefficients, including both significant and non-significant predictors, is presented in Table 7.

Predictors		Standardized Estimate	SE	t	p
Intercept			1.93	30.40	**<.001**
Length of Residence in Canada					
Reference group: Less than 5 years					
	5 – 10 years	-.85	1.47	-5.66	**<.001**
	More than 10 years	-.84	1.44	-5.69	**<.001**
Total Number of Children					
Reference group: 1 Child					
	Expectant parent	-.53	2.82	-1.81	.07
	More than 1 child	.28	1.08	2.55	**.01**
Age Range					
Reference group: 18 – 30 years old					
	31 – 40 years old	-.35	1.42	-2.38	**.018**
	41 – 50 years old	-.13	1.83	-.70	.49
	51 – 60 years old	-1.52	5.37	-2.75	**.006**
	Older than 60 years old	-1.19	8.67	-1.33	.18
Immigration Status					
Reference group: Canadian by naturalization					
	Permanent Resident	-.37	1.26	-2.84	**.005**
	Open Work Permit	-.51	1.74	-2.87	**.004**
	Canadian by birth	-.10	2.35	-.41	.69
	Closed Work Permit	-1.01	6.13	-1.72	.09
	Open Study Permit	1.63	5.37	3.00	**.003**
Place of Origin					
Reference group: Hong Kong					
	Mainland China	-.20	1.21	-1.64	.10
	Canada	.41	1.92	2.11	**.04**
Sex					
Reference group: Male					
	Female	.11	1.03	1.02	.31
	Prefer not to say	.20	8.71	.22	.83

Table 7. Full Multiple Linear Regression Analysis Model

Part 2c: Accessibility to Services

Responses regarding service accessibility were categorized into three groups based on the child's age: antenatal and postnatal, ages one to three, and over four years. Across all three age groups, respondents identified difficulties in finding programs offered in their native language, and service providers who respect their cultural practices as significant barriers. This suggests that culturally and linguistically appropriate services are valued by parents yet remain difficult to access.

In addition to these concerns, parents with children in the antenatal or postnatal stages reported barriers related to general childcare services. Parents of children aged one to three noted challenges in accessing affordable childcare and after-hours services. Finally, parents of children over the age of four reported difficulties in accessing affordable after-hours care.

		Antenatal & Postnatal	Children aged 1-3	Children aged 4+
G	The waiting time to be admitted to childcare/daycare	41.7%		
F	To afford childcare/ daycare services		53.9%	
F	To find affordable after-hours		52.8%	40.0%
T	To find childcare/daycare centers in my neighborhood	37.5%		
L	To find programs and services in my own ethnic language	37.5%	59.4%	49.8%
L	To find service providers who speak your language		59.4%	48.1%
C	To find service providers who understand my own culture	33.4%		48.2%
C	To find service providers that accept my cultural practices e.g. ethnic medical practices/ parenting style/ couple relationship	50.0%	51.7%	47.0%
WL	To find after-hours services for my child(ren) (4-6pm)			40.0%

Table 8. Accessibility Barriers Result Table. Legend: G = General barrier; F = Financial barrier; T = Transportation barrier; L = Language barrier; C = Cultural barrier; WL = Work-life balance barrier

Focus Group Study (Qualitative Data Analysis Results)

Part 1: Demographics

The demographic makeup of the qualitative research focused primarily on newcomers through the Hong Kong Pathways. Out of the 18 participants, over 70% were female. Most of them were aged 31–40 and living in Markham. Nearly 80% of the participants had resided in Canada for less than 5 years. More than half of them had transitional status, including Open Work Permit (OWP), Open Study Permit (OSP), and Spousal Open Work Permit (SOWP). Nearly 40% were employed full-time, while another 40% were experiencing financial instability, such as being unemployed, students, or self-employed.

Pseudonym	Gender	Age range	Living area	No. of children	Yrs in Canada	Immigration status	Employment
Lisa	F	41-50	Markham	2	<5	PR	Unemployed
Fanny	F	41-50	Markham	2	<5	OSP	Unemployed
Denise	F	41-50	Markham	1	<5	PR	Unemployed
Emily	F	31-40	Markham	1	<5	OSP	Student
Peter	M	41-50	Richmond Hill	1	<5	PR	Unemployed
David	M	41-50	Markham	1	<5	OWP	Full-time
Rachel	F	31-40	Markham	1	<5	OWP	Full-time
Phoebe	F	18-30	Toronto	1	<5	OWP	Full-time
Jacqueline	F	31-40	Toronto	1	<5	OWP	Self-employed
Amber	F	31-40	Toronto	1	<5	PR	Part-time
Toby	F	31-40	Markham	2	<5	OSP	Student

Jason	M	31-40	Markham	2	<5	SOWP	Part-time
Bella	F	31-40	Markham	2	<5	OWP	Unemployed
Penny	F	31-40	Markham	1	<5	OWP	Full-time
Debby	F	41-50	Toronto	1	5-10	PR	Part-time
Benny	M	31-40	Richmond Hill	1	>10	Citizen	Full-time
Tracy	F	31-40	Richmond Hill	1	>10	Citizen	Full-time
James	M	31-40	Markham	2	>10	Citizen	Full-time

Table 9. Demographic variables of the focus group participants.

Part 2: Theme identified

To better understand the needs of participants in caring for their families and children, we asked a series of open-ended questions, including: "What difficulties do you face when taking care of your children?", "What are your children's needs?", "What contributes to your parental stress?", and "What barriers have you encountered when accessing services?" Based on the responses, we identified four main themes: (1) Systematic Barrier to Services, (2) Parental Stressor, (3) Unmet Needs of Children, (4) Settlement and Acculturative Challenge.

Part 2a: Systematic Barrier to Services

Most participants reported encountering significant difficulties in accessing public services. When navigating the available service systems, parents identified challenges such as a lack of accessible information and limited access to services. Several participants also described receiving inconsistent or conflicting guidance when applying for support, further complicating their efforts to access the resources needed for their families.

i. ***A lack of accessible information***

"即係可能由啊，諗由有咗 BB，到 BB 出世，然之後到諗個 BB 可能要 daycare，咁究竟個過程係…我可以做啲乜嘢啊?或者政府有啲咩服務啊？或者我應該要點做? 即係好似呢啲嘢都係嗯…要靠自己搵，同埋都好散收收囉。" (Rachel).
"That means, from the period of pregnancy up to delivery, and further down the road to finding daycare, what can I do or what are the government services? What are the procedures? I did it all by myself. Information and services are scattered everywhere." (Rachel)

"其實冇人話畀我知嘅,冇人話畀我知有 welcome center 嘅。" (Lisa)
"No one told me, no one told me there is a welcome centre." (Lisa)

ii. ***Limited access to services***

"譬如而家冬天呢，搵埞畀小朋友去放電呢，真係好難。即係仲要係 in 一個 age，你…佢冇乜 behavior regulation，所以如果你要搵一個地方，係嘈得跑得跳得掟得，真係好難。" (Amber)

"For instance, during winter, the children need to go out to have fun. It is very difficult as there is no place for them to go just for running, jumping.. very difficult." (Amber)

"我發現懷孕嘅時候咧,其實嗰陣係未有一個正式嘅 family doctor 嘅,咁所以如果要搵 OB 嘅話咧,其實係要 family doctor 去轉介嘅。咁嗰時其實我會超級彷徨咧,因為詼又冇 family doctor 啦咁。同埋嗰陣咧,係未有 OHIP 嘅我。" (Phoebe)

"During the time when I was pregnant, I did not have a family doctor, so there is no way to find an OB as I need referral letter from the family doctor. I was extremely nervous as I did not have a family doctor and OHIP." (Phoebe)

iii. ***Incoherent information***

"我亦都有同佢講「啊(根據個官網)我以為係 1 月中就可以詼,開始登記嘅咯喎,可以做 registration。」咁但係佢冇同我解釋點解,佢淨係話你 2 月底再打嚟 update 你嗰個 application 啦。" (Emily)
"I also told them, 'Oh, (according to the official website,) I thought I could start registering in mid-January.' But they didn't explain why. They just told me to call back at the end of February to update my application." (Emily)

"咁但係佢嗰啲成日轉答案呀,詼問呢個又詼一個答案,問第二個有一個答案嗰個咧,其實我已經當咗係真係一個文化嚟㗎啦。" (Denise)
"That is the answer keeps changing. There is one answer when you ask this staff and then another answer when you ask another staff. Now I treat this as Canadian culture." (Denise)

iv. ***Regional service boundary***

In addition, participants highlighted regional service boundaries as a notable challenge. Eligibility for certain programs is often determined by catchment areas, which limits access to services and requires parents to invest additional time and effort in locating appropriate support.

"咁然之後我都有搵個 North York 區嘅一啲 midwives。佢哋個 reputation 都好好嘅,但係咧,佢就唔可以收我,因為我個區就唔係佢哋嘅服務範圍,咁佢哋有規定咁。" (Jacqueline)
"Then I also tried to contact some midwives in the North York area. They have a good reputation, but they couldn't take me because I'm not in their service area — they have certain regulations about that." (Jacqueline)

"但係據我所知,(同 City of Toronto 唔同,)反而 Markham 呢邊係冇喎,即係詼冇呢啲嘢 Support 㗎喎。" (Bella)

"But as far as I know, (unlike the City of Toronto,) Markham doesn't have this kind of support." (Bella)

v. ***Slow processing time***

Lastly, limited resources within the service system frequently leads to prolonged wait times, making it challenging for parents to access needed support in a timely manner.

"我上年 10 月諗開咗個 account，咁其實係要 approve 個 funding 㗎嘛。而家都未批，可能話仲要兩三年。" (Penny)
"I opened an account last October, and the funding still needs to be approved. It still hasn't been approved — they said it might take another two or three years." (Penny)

"即係先有一個個言語治療師打電話畀我……(聽到要等 2 年先有服務)我其實即刻即係 Down 咗。兩年,咁都過咗去最佳嘅年齡。" (Penny)
"Then a speech therapist called me (and said we would need to wait two years for the service)...I felt down immediately. Waiting for two years, that means the golden time for treatment has passed." (Penny)

Part 2b: Parental Stressor

Parents identified four key factors contributing to their experience of parental stress: lack of social support, lack of respite, loss of couple time and connection, and a diminished sense of self-worth and professional identity. These stressors often intersected, compounding the emotional and psychological burden faced by caregivers as they adjusted to new roles and responsibilities in a resettlement context.

i. ***Lack of social support***

"因為我哋冇諗...祖父母喺度啦,冇 grandparents。咁變咗只係得我哋 2 個,咁所以所有嘅 Holiday 同埋所有嘅 weekends 都一定係靠我哋。咁諗,如果有一個要出去翻工嘅話咧,剩低 嗰一個咧係好辛苦,基本上係 manage 唔到嘅。" (Emily)
"Because grandparents are not here, only we two, so all the holiday and weekends are all on us. If one of us has to work, leaving only one parent at home, it is basically unmanageable." (Emily)

"咁就呢度...呢度就...香港就有姐姐啦,或者有...有四大長老幫下手。呢度就...即係得兩公婆。" (Jason)
"Here (in Canada).. back in Hong Kong, we have domestic helpers, or the four grandparents can help. But here... only we two." (Jason)

ii. ***Lack of respite***

In the absence of adequate social support, many parents bear the sole responsibility for childcare, significantly limiting opportunities for rest and recovery. This lack of respite not only

intensifies daily stress but also diminishes parents' capacity for self-care and reduces the time available to nurture their relationship with their partner, ultimately placing strain on couple relationship.

"咁我本身因為 work from home 嘅緣故咧,啊,我...我就即係我...我需要 24 小時裡面,我需要 有一啲時間係冇個 BB 存在喺間屋嘅咁樣。" (Jacqueline)
"Because I work from home, I need to have some time during the day — within those 24 hours — when the baby is not in the house." (Jacqueline)

"我就係想知道,我會唔會有一啲 Playroom,係我可以擺低個仔喺嗰度兩三個鐘先接翻,咁我可以去下超級市場啊嘛。 如果我同佢一齊去超級市場係好痛苦嘅,因為佢會走嚟走去啦,佢又會攞好多嘢啦。咁你好驚佢打爛啲嘢,所以係好難。" (Emily)
"I just wanted to know if there is any playroom around so that I can leave my son there for 2 to 3 hours. That allows me to do groceries by myself. Having my son do groceries with me is painful task since he will be running around. He will take up the stuff. I am afraid he will break things in the supermarket. It is difficult for me." (Emily)

iii. ***Loss of couple time and connection***

"因為小朋友仲係細啦，咁變咗呢好多嘅屋企...家庭嘅時間全部亦都係圍住小朋友轉嘅，根本咧，兩公婆咧，係除咗湊仔之外咧，係冇機會講任何其他嘢㗎。" (Emily)
"Because the child is still young, most of our family time revolves around the child. As a result, we basically have no opportunity to talk about anything other than the child." (Emily)

"噢，你諗翻就係如果，未有小朋友嘅時候，梗係...你係卿卿我我咁樣啦，係咪先?兩公婆啊，正常呀係咪?" (Jason)
"Well, if you think back to the time before having kids, of course... you would be all loving and affectionate, right? Just the two of you — that's normal, isn't it?" (Jason)

iv. ***Loss of self-worth and professional identity***

Many of the parents were well-educated and had held high-ranking professional positions in Hong Kong. However, after moving to Canada, they reported significant challenges in securing employment matched with their qualifications and experience. Coupled with limited time for personal development, parents reported a reduced sense of self-worth and personal fulfillment.

"但係翻工咧,你會...你會知道啊,我做完呢個 task 啦,我會有一啲 achievement,或者...或者 completion 嘅感覺,但係湊仔係冇嘅。你食完一個飯,你食完 lunch,跟住仲有夜晚啦,跟住又要洗碗啦。即係重重複復做嗰啲嘢好 tedious 啦,你唔會覺自己有咩 achievement 啦。" (Emily)
"But with work, you know… when you finish a task, you get a sense of achievement or a feeling of completion. But with taking care of a child, there's none of that. After you finish

one meal — say, lunch — then there's dinner coming up, and then you have to do the dishes. It's just the same things over and over again, really tedious. You don't feel any sense of accomplishment." (Emily)

"但係諗去...為咗啲仔,因為我唔可以扤低佢哋,係啊,唔可以扤低佢哋,「你哋嚟...你哋自己嚟啦咁樣,我喺嗰邊搵錢俾你哋啦」唔得,即係我唔可...唔想囉呢樣嘢,係啊,即係唔捨得佢哋咁樣,咁所以我要放棄我自己囉。所以呢樣嘢成日糾結,我為咗佢哋而犧牲我自己嘅人生。" (Lisa)

"But for the sake of the kids… because I couldn't just leave them behind. Yeah, I couldn't just say, 'You go ahead on your own, I'll stay back (in Hong Kong) and make money for you from there.' That wasn't an option — I didn't want that. I just couldn't bear to leave them. So I had to give up on myself. This is something I struggle with all the time — that I sacrificed my own life for them." (Lisa)

Part 2c: Unmet Need of Children

i. Emotional regulation & expression needs

Parents reported challenges related to their children's development of emotional regulation and expression. These difficulties frequently resulted in emotional dysregulation, behavioral problems, and, in some instances, social withdrawal among the children.

"同埋我覺得佢嘅情緒...可能佢未適應到兩套教學模式? 咁所以佢嘅情緒起伏又有啲大啦。" (Bella)

"Also I found his emotions...may be still trying to adapt to the new teaching model? So his emotions are up and down." (Bella)

"我哋覺得佢係冇脾氣,即係佢係唔識表達自己嘅情...我哋...我同先生覺得佢唔識表達自己嘅情緒,即係唔識講出嚟。" (Denise)

"I found he seems to have no emotions, I mean he does not know how to express his emotions. My husband and I think he does not know how to express or articulate his emotions." (Denise)

ii. Social adjustment and integration needs

Parents also reported that their children faced challenges in making new friends and establishing stable social connections. Beyond adapting to cultural differences within the education system, children must navigate varying social dynamics with peers, a process that can require considerable effort and place additional strain on their adjustment.

"咁所以即係未話可以搵到好多嘅...唔...家...即係差唔多年紀嘅朋友仔去玩,譬如可能諗,嗰啲咩 sleep over 啊 over 啊,或者係即係去...放咗學校去玩呀,weekend 去玩。" (Amber)

"We still cannot identify peers of his age, doing activities like sleepover, or playing together afterschool, or over the weekend." (Amber)

"咁啊開頭過嚟,細嗰個就喺小學嗰度,頭嗰年呢,我就我覺得佢就朋友識得唔多咯。"(Fanny)

"At the beginning of the school year, when the younger one was in elementary school, I found he had very few friends." (Fanny)

iii. ***Lack of native language enrichment programs***

Another key need identified by parents was the limited availability of native language enrichment programs. Regardless of their country of origin, many parents expressed a strong desire for increased support to help their children maintain proficiency in their native language

"咁我亦都知道可能 TDSB 佢係有一啲 heritage language 嘅班。但係當然就冇咁細啦，咁所以我就唔知道點樣可以令到佢,即係多一啲 exposure on 廣東話啊咁樣。" (Amber)
"I know there are heritage language classes provided by the TDSB, however, my child is too young for that. I don't know where to find programs in Cantonese for her." (Amber)

"But I would like a community that offer services, whether it just means getting together for young kids to have playtime, whatever its mean that's Cantonese-based, because I would like that in my child's life, right?" (Benny)
"但我係想要有一個社群係可以提供服務，就算只係比小朋友聚埋一齊有玩既時間都好，只要係以廣東話為主就得，因為我都希望小朋友既生命裡面係會有呢樣嘢（廣東話）" (Benny)

"Now it's like I still prefer them to know Cantonese and Hong Kong...like...like...the whole culture of Hong Kong, like I think that's important." (James)
"依家我仍然希望佢哋（小朋友）會知道廣東話同香港... 即係...即係.. 即係香港成個文化，我覺得呢樣嘢好重要" (James)

iv. ***Special education needs***

Some children may have special educational needs, which further increases the burden on the parents as they must navigate and access available resources within an unfamiliar system.

"突然間咧就話喺學校嗰度,3 月份會間唔中去望下佢,咁但係咧,我另外有一封文件咧就話諗,嗰個服務你要等兩年嘅都,其實都好 confuse。" (Penny)
"Suddenly, they said they would go there from time to time to check on him in March. However, I also have another document stating that I have to wait two years for that service, which is actually quite confusing." (Penny)

"叫佢做嘢,諗教佢啲嘢,佢好似成日都唔明啦,諗成日都做唔到啊。諗問佢...問佢嘢,其實佢係表達唔到嘅。" (Denise)
"(I tried to) Tell him to do something, teach him things, but it seemed like he never understood, and he could never get it done. I asked him... asked him questions, but he actually can't express himself." (Denise)

Part 2d: Settlement and Acculturative Challenges

Parents identified settlement stress and acculturative stress as one of the most significant challenges they face. They not only have to overcome language barriers, cultural differences, and financial burdens, but also must adapt to the challenges of using public transportation in Canada. The majority of new immigrants are unable to afford a car, not even to have two cars for a family. Additionally, the uncertainty surrounding their immigration status makes it difficult for them to plan for the future.

i. ***Uncertainty in immigration status***

"咁我哋到我哋夠嘅時候入紙,佢突然間又話改政策啦。咁到時我哋又...你...你要我哋將喺香港放棄嘅嘢,過到嚟。跟住,突然間可能又要翻翻去咁樣,其實我哋都有啲concern。"(Bella)
"So when we had submitted the PR application, the Government suddenly changed the policy. You encouraged us to give up everything in Hong Kong. When we are here, you changed the policy and we may be forced to go back. We do have concerns."(Bella)

"哦,即係我諗住攞 PR 就可以讀書㗎啦嘛,即係平啲㗎嘛係咯,但係唔知等幾耐喎,而家,即係好多嘢都唔到你話事,計畫亂曬。" (Penny)
"I planned to study after I have the PR status, which is cheaper. But I don't know how long I have to wait (for PR), there is no control for me. All plans are disrupted." (Penny)

ii. ***Transportation barrier***

"咁咩交通咧,雖然我都有車牌咁,但係個 Limit 就會係啊,如果老公揸咗架車出去,咁你就冇車啦,你就冇腳啦,咁樣。" (Toby)
"Although I have a car, there are limitations. If my husband drives the car, then I have no car to use, I am like having no leg." (Toby)

"即係我淨係知道如果係我冇車嘅話,小朋友係根本出街都出唔到嘅,餸都買唔到,係好大鑊。" (David)
"I only know that I have no cars, my children have no ways to go out, I even cannot do groceries. That is a big issue." (David)

iii. ***Financial barrier***

“其實我覺得諗，因為呢度個收入真係搵少咗好多嘅，要量入為出嘅。” (Lisa)
“"Actually, I feel that the income here is really much lower, so we have to live within our means." (Lisa)

“咁而家就諗。申請緊…申請緊EI，攞緊EI 嘅。咁壓力方面，經濟壓力有啲嘅，因為其實一直都諗，入不敷支，係啊。” (Denise)
"Right now... I'm applying for EI (Employment Insurance), I'm receiving EI. As for stress—there's definitely some financial pressure, because to be honest, it's been like this all along: expenses exceed income. Yeah.” (Denise)

iv. ***Language barrier***

“即係可能生仔嗰陣，佢同你講話打啲唔知乜嘢落你個身體度，佢講完之後我都唔知咩嚟。”(Peter)
"Like, maybe when you're having a baby, they tell you they're going to inject something into your body, but even after they explain it, I still don’t know what it is." (Peter)

“但係就哦，頭先唔知邊個講就啲…啲 slang 啊，即係好似我哋會覺得即係…即係…即係外國人唔知咩叫”痴線”咁解咁樣咯。” (Toby)
"But yeah, like someone just mentioned... slang, right? Like, we might think... well... foreigners wouldn’t know what something like 'chi sin' (crazy) means." (Toby)

v. ***Cultural barrier***

“我由細到大都聽話…咩日日…一出世，小朋友日日要沖涼啊，所以我日日都幫我個女沖涼，但係…但係其實原來呢度話係錯㗎嘛，咁我唔知啦。” (David)
"All my life I've heard that babies have to take a bath every day—so I bathe my daughter every day. But apparently, here they say that’s wrong. I didn’t know that." (David)

“佢哋文化同埋語言係令人諗…即係諗…諗得唔到個正確嘅答案。香港唔係㗎，一就一、二就二，加上自己容易理解啊嘛，咁樣。” (Lisa)
"The culture and language here make it hard... like, hard to get a clear answer. In Hong Kong, it's not like that—one is one, two is two. Plus, it's easier to understand things yourself (in my language)." (Lisa)

Discussion

The current needs assessment study, which focuses on the evolving needs of Chinese families in the GTA, provides evidence of unmet family needs, barriers to services, and subsequently identifies service gaps in meeting the needs of children and families.

Deprived social support and unmet family needs

Overall, participants revealed that they have limited support networks to turn to for help. According to the survey, slightly more than 20% of the respondents do not have any family members in Toronto. Despite the fact that 80% of them have family members in the city, only about 60% of the parents receive support from their extended family. More surprisingly, 40% of the respondents did not have support from their peers, which indicates that social support network of almost half of the respondents is relatively weak, and many have to rely on their own when facing difficulties and hardship in daily life. Qualitative findings further contextualized the impact of limited social support on parents navigating early resettlement and childrearing services in Canada. Focus group participants reported that the absence of extended family members was a major contributor to parental stress, limiting opportunities for respite and self-care and, in some cases, straining marital relationships. To enhance their support network, opportunities should be created and provided by the community to fill that gap in social support. Activities such as family gatherings or outings could be some of the examples that should be considered. Workshops that are related to child-rearing can also be occasions that allow parents to make new friends as well. As indicated by Yan and colleagues' study (2023), newly arrived Hong Kongers tend to use online platforms for health care information, thus virtual groups can also be created to support newcomers. While these groups were more organic, the information shared among each other could sometimes be biased or contain misinformation. To provide physical and virtual space to connect isolated families that are in need requires a sustainable model of service provision.

In terms of family needs, children's social inclusion, parental decision agreement and having sufficient rest are the top three major areas considered important by our participants. Even though those are essential for a healthy family functioning, more than one third and close to 45% of the participants report that their children need more friends and social activities outside of families respectively, which falls in the area of social inclusion. This concern also converges with qualitative findings**,** as focus group parents repeatedly expressed worries about their children's social adjustment, particularly the lack of peer interaction and opportunities to build meaningful social relationships. For new immigrants, the settlement process often spans one to two years and may involve multiple relocations. Each move typically requires children to enroll in a new school due to regional service boundaries, disrupting the social support networks they have developed. Such instability can hinder children's social adjustment and contribute to feelings of uncertainty during an already challenging period of resettlement. These challenges were especially pronounced for children with special education needs, as parents described long waiting times, confusing processes, and the added stress of navigating unfamiliar support systems. More than half (53.8%) of the respondents also reported that the need for sufficient rest or sleep is unmet, while around 45% of them need more agreement with their spouse in terms of making decisions regarding their child. In addition, the fact that over 85% of respondents rated having programs in their native language as important/very important also highlights the need for culturally informed and language-friendly services. The need for native language enrichment programs was also consistently reflected in thematic findings, with many parents in the focus groups expressing a strong desire to preserve their children's cultural and linguistic identity. These findings provide important insights into how to plan and develop programs that cater to those important and unmet nets for this population.

Namely, more than 60% of the parents in the survey indicated the need for respite services. Respite helps alleviate the stress on child-rearing by allowing the parents to spend more time

for themselves or with their friends. About 70% and 61% of them respectively suggested that they need more information about available programs and services and more professional services when their children require help. Thematic findings on the lack of respite underscored its emotional toll on parents and the pressing need for supportive services. Compounded by the absence of extended family support, parents described the monotony and isolation of full-time caregiving which leads to emotional exhaustion, and a desperate need for both personal and couple time. In many cases in our focus groups, these emotional burdens were further intertwined with a broader shift in social roles and personal identity as newcomer parents.

Focus group narratives also uncovered unique parental stressors not captured in the survey data. Thematic findings revealed that parents struggled with a loss of self-worth and professional identity. The transition from high-ranking professionals to full-time caregivers in a new country brought about feelings of frustration, diminished personal fulfillment, and a sense of inadequacy. The repetitive and demanding nature of caregiving, which often offers little opportunity for respite or self-development, further compounded these challenges. Employment difficulties, limited respite, and persistent social isolation collectively contributed to significant emotional strain and a reduced sense of self-worth among newcomer parents.

To fill the current service gap, new programs that facilitates children's social inclusions should be developed for Chinese families. That might include programs such as summer camps or various interest classes that provide opportunities for children to expand their social circles, which also help reduce parents' stress and allow for personal time.

Workshops and activities related to self-care and family communication should be made available to parents to help resolve conflicts arising from disagreements over child-rearing and to strengthen family relationships. Sufficient and affordable respite services, such as childcare services, temporary caregiving support, and after-school programs, should be provided in the community to help relieve parents from the demanding responsibilities of childcare.

The double-minority: The gender diverse group

It is notable that gender may play a role in influencing parents' perceived importance of needs. While cisgender men value sufficient rest when taking care of their families, cisgender women consider communication with family members more important. They also vary in their self-indicated unmet need that, on one hand, the former reported the need to have professionals with which to help them better understand their children, while on the other hand, the latter do not find enough sustainable services available.

Special care should also be provided to gender minorities in the community. Although only three of our participants indicated that they are transgender women, their needs are indeed very different from their cisgender counterparts. While they also pay high attention to children's social inclusion, like what cisgender parents do, transgender women tend to emphasize more on, to name a few, professionals' understanding of family needs, counseling services, personal time, support for maintaining future hope.

As the needs of cisgender parents differ, activities that promote self-care and facilitate communication within families can be more gender-oriented, so that both cisgender men and women can be taken care of. As members of gender minorities, transgender women experience difficulties that differ from those of their cisgender counterparts, and therefore their needs cannot be ignored. More resources can be allocated so that services such as professional counseling can be provided.

Unpacking the parental stress among Chinese-speaking families

Although the data suggest that, statistically speaking, our Chinese-speaking immigrant parents do not differ from parents in Hong Kong in terms of parental stress, secondary analysis offers some insights to look at their needs that might not be notable or well-studied.

The length of residency in Canada is found to be related to the difference of parental stress. It is not surprising that, on average, parents who have lived in Canada for less than five years are found to have higher stress in parenting than people who have lived in the country for five to ten year or more than ten years. Qualitative findings also revealed that uncertainty around immigration status was a prominent source of emotional turmoil**.** Many parents, particularly those without permanent residency, reported a sense of stagnation and lack of control over their future. This uncertainty created additional barriers to service access and system navigation, as many were unsure which supports or programs they were entitled to based on their residency status.

Place of origin is believed to have an impact on participants' parental stress. It was found that Canadian-born participants have the highest parental stress compared to those who are from Hong Kong and Mainland China. While seemly counterintuitive, other studies (Yan et al., 2023 & Yan et al., 2025) have showed that Canadian citizens who returned to the country are facing reverse cultural shock and feeling difficult to adapt to Canadian society. As difficulties faced during their re-settlement in Canada, the reason why they have higher parental stress might be understandable and reasonable as failure to re-adapt to the life in Canada might negatively affect parenting.

Moreover, immigration status, family structure, and age are all found to be related to parental stress according to our regression model. It was found that participants holding study permits, families with two or more children, and parents in the 18–30 age group showed higher levels of parental stress.

The results indicated that various factors contributed to the increased stress for parents in Canada. Workshops or activities that facilitate parenting skills or teach relaxation techniques can be tailored to parents with different attributes to ensure they are more relevant and aligned with parents' specific needs. For example, activities designed for parents who are new to Canada might need to focus more on explaining cultural differences of handling children's behaviors, while similar workshops for Canadian-born participants might need to deal with their re-settlement issues related to child-rearing. By the same token, programs offered to young parents who are in their 20s-30s should have different emphasis from those offered to parents in their 50s.

Lastly, and importantly, beyond mobilizing community resources to initiate various programs and activities, it is also essential to empower the community so that parents can advocate for their own needs. The community should be made aware of their right to voice what it is required for the government and funding agencies to address. To amplify their voices, Members of Provincial Parliament (MPPs), Members of Parliament (MPs) or even media can be valuable allies, together with school boards, which can be connected for collaborations.

Limitations

There are some limitations in the study. First, as the study was not randomly sampled, representativeness might be an issue. Any generalization from the results should be made with

caution. Second, geographically most of the survey respondents (67.6%) are currently living in the City of Toronto, and as a result, their needs might differ from those of parents in Markham, where the CYF Hub is located. It is noteworthy that most participants in the focus group came from Markham. That said, to understand the needs of parents who are living in Markham, more studies might need to be done in the future. Thirdly, due to the design of the questionnaire, which did not ask whether respondents had re-settled in Canada, no further analysis can be conducted on those who chose to return after spending several years in Hong Kong. Finally, the theoretically based categorization used in the original FNQ study was not applied in this study as only a subset of items was used. Instead, the current categorization was based on the researcher's observations and professional judgement. Further study on those categorizations such as using factor analysis may provide insight into the underlying factor structure. Lastly, we observed considerable diversity in terms of ethnic/cultural identity among the respondents. While it is not the focus of the current study, how to disentangle the intersectionality of those self-identities and their acculturation in Canada in terms of personal, professional, and family adjustments would be another important area of research.

Conclusion

Overall, the study has shown that parents from the Chinese communities living in the GTA have the following family needs relating to childrearing. Firstly, their support network is limited, many have limited or no support from family members who either do not reside in the city or could not offer help. Part of the group also does not have enough peer support when they encounter difficulties.

Secondly, it is found that parents regard their children's social inclusion need as the most important needs. However, current services are considered not enough. Most parents also mentioned that they need more respite services, which help ease their stress and give them more personal time.

Quantitative findings revealed that gender is found to be related to the parents' perceived importance of needs as cisgender men indicate that enough rest is important, while cisgender women values communication with family members more important. Although there are only a few respondents self-identified as transgender, they distinctively regard having professionals who are good at communication and understand their family needs as important, suggesting their lived experience may not be understood easily.

Respondent's parental stress is shown to be comparable to their counterparts who lived in other Chinese communities. Within our sample, we found that the shorter length of residency, identifying the place of origin in Canada, transitional immigration status (e.g., open work permit holders), bigger family structure (having 2 or more children), and age (age 18-30) are all factors contributing to higher level of parental stress. To help parents deal with difficulties related to childrearing, more resources should be delivered to them in the community. For example, activities or programs, such as after school programs or interest classes, that extend children's social networks should be provided. Additionally, workshops in self-caring and communication skills can be given to parents. More respite services are also able to ease their stress by taking care of their children. Programs that use their native language and are culturally informed are highly preferred.

Finally, the community should also be empowered to advocate for their own needs. In doing so, they are encouraged to connect with their MPPs, MPs, media, and school boards, all of whom they can collaborate with to help parents address challenges related to childrearing.

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Appendix I – Focus Group Questions

- **Demographic Information:**

    1. Name:
    2. Age Range:
    3. Postal Code (Area of Residence):
    4. Gender / Sex:
    5. How many children do you have?
    6. What is your child's gender / sex?
    7. How old is your child?
    8. How long have you been living in Canada?
    9. Was your child born in Canada?
    10. What is your immigration status?
    11. Language spoken at home:
    12. Employment Status:

- **Prenatal Experience:**

    1. *(For parents who are expecting a baby)* What difficulties did you encounter while preparing for delivery?
    2. *(For families with children aged 0-6 years)* What challenges have you faced while caring for your child(ren)?

- **Support Needs:**

    1. Does your child(ren) have any special education needs or require any support?

- **Parental Stress:**

    1. What factors contribute to your parental stress? What are the main stressors you face?

- **Support Network & Resources:**

    1. Who is part of your support network?
    2. Are you currently using any services or benefits? If so, what has been your experience with them?

- **Accessibility Issues:**

1. When trying to access services, what barriers have you encountered?

- **Wishlist:**

1. If there were no limitations, what resources, services, or supports would you wish to have access to?